

CMS Net

Medical Therapy Program

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Medical Therapy Program

Overview

This chapter describes how:

To Register clients in the CMS Net MTP module

To Generate ticklers

To Generate MTP reports

Steps to Access the Medical Therapy Program function

Step	Action
1	From the Primary Menu, select Medical Therapy Program. Press <Enter>. ✓ The Medical Therapy Program Menu displays.
2	From the Medical Therapy Program Menu, select Registration at MTU. Press <Enter>. ✓The Patient Identification screen displays.
3	Identify and select the patient. The patient must have the MTU and the appropriate legal county entered on the Patient Registration Face Sheet CMSFS-40.
4	Do you want to Enter/Edit information for this patient? //No The default is No, you must type Y for yes. Press <Enter>. <i>Note The social security and pseudo number will auto-populated from the Patient Registration Face Sheet and the Device screen will display. The Patient Registration Face Sheet MUST have a SSN or Psuedo number on every record.</i>

Continued on next page

Medical Therapy Program, Continued**Medical
Therapy
Program Data
Entry fields**

The following table identifies and defines the fields for data entry on the Medical Therapy Program function.

- ➡ Press the <Enter> to move through the fields
- ➡ If you make a mistake, you can use the ^ to cancel.

The Medical Therapy Program component is split into five separate sections:

- Registration
- MTU Registration
- Clinic Conference Scheduling
- PT Services
- OT Services

Field	Name	Description
<i>Patient Data</i>		
1.	MTP Referral Date	Required Enter the date the client was referred to the MTP
2.	MTP Status	Required Select from Table value: <div style="margin-left: 40px;"> P PENDING R REOPEN PENDING O OPEN C CLOSED E NOT ELIGIBLE N NOT OPENED I INFANT (UNDER AGE THREE) </div>

Continued on next page

Medical Therapy Program, Continued**Medical Therapy Program Data Entry fields (continued)**

Field	Name	Description
3.	MTU Primary DX	Required Enter an ICD-9 code or part of the diagnosis description
4.	Treatment DX	Optional Enter an ICD-9 code or part of the diagnosis description
5.	Medical Direction	Optional Select from the Table Values: HMO MILITARY MTC PRIVATE SHRINERS SPECIAL CARE CENTER Enter who is providing medical direction for medical therapy program services and related medical follow up.
6.	Last Medical Record	Optional Format is 99/99/9999 Enter the date of medical records or report for the client's last Medical Therapy Conference (MTC) visit.
7.	Medical Record Due	Optional Format is 99/99/9999 Enter the date that new medical records are due.

Continued on next page

Medical Therapy Program, Continued**Medical Therapy Program Data Entry fields (continued)**

Field	Name	Description
8.	Medical Home	Optional Enter the Primary Care Provider/Medical Home. Select a Provider from the Vendor Table. <i>This should be the same as the Medical Home listed in the Patient Registration screen.</i> <i>Note: If the vendor is not displaying on the vendor table, add the vendor to the table via the Table Maintenance option.</i>
9.	Prescribing MD	Optional MTU conference managing physician's name or select the private or center prescribing MD from the Vendor table.
10.	School	Optional Enter a partial school name or type ? to select from the School Table. Private schools are <i>not</i> included in the table.
11.	District	Optional Enter a partial district name or type ? to select from the District Table. Responsible legal district.
12.	Special Education	Optional Select from the table values: 1 IEP 0 NONE 2 IFSP Type 1 if the client has an IEP or 2 for IFSP.

Continued on next page

Medical Therapy Program, Continued

Medical Therapy Program Data Entry fields (continued)

Field	Name	Description
13.	Special Education Effective Date:	Required if IEP or IFSP is entered in the Special Education field. Format is 99/99/9999 Enter the effective date of the IEP or IFSP.
14.	LEA Consent	Optional Select from the table values: 1 YES Choose this option if signed consent to share Information with the local education office is on file.- 0 NO
15.	Release of Information (ROI) Date	Optional Format is 99/99/9999 or 99999999
16.	Known to Agencies	Optional Select from table value(s): CHDP CHILD HEALTH & DISABILITY REGL REGIONAL CENTERS SSI SSI REHAB DEPARTMENT OF REHABILITATION CFS CHILD AND FAMILY SERVICES ES EARLY START IHO IN HOME OPERATIONS You may enter any combination separated by commas.

Medical Therapy Program, Continued**Medical Therapy Program Data Entry fields (continued)**

Field	Name	Description
<i>General MTU Data</i>		
17.	Other Agencies	Optional Free text up to 20 characters.
18.	Clinic Comments	Free text clinic comments up to 79 characters Will display on the MTP face sheet.
19.	MTU Comments	Free text MTU comments. Unlimited length.
20.	MTU Assignment	Optional (Note: a MTP case may be pending or open. The MTU Assignment is not required – eg county with no MTUs.) Type ? and select MTU from the table. Satellites or conference sites will not be listed in the table.
21.	Date Assigned to MTU	Optional Format 99/99/9999 or 9999999999

Continued on next page

Medical Therapy Program, Continued**Medical Therapy Program Data Entry fields (continued)**

Field	Name	Description
22.	MTU Status	<p>Required</p> <p>Select from table value(s):</p> <p>1 OPEN</p> <p>0 CLOSED</p> <p>2 HOLD</p> <p>3 NEW REFERRAL</p> <p>This status pertains to the Medical Therapy Unit.</p>
23.	Date Discharged	Required if Status is Closed.
24.	MTU Closure Code	<p>Required if Status is Closed.</p> <p>Select a Closure Reason from the table values:</p> <p>60 NO PT/OT NEEDED</p> <p>61 MOVED</p> <p>62 REACHED 21 YEARS OF AGE</p> <p>63 DECEASED</p> <p>64 LACKS DEFINITIVE DX BY AGE 3</p> <p>65 DUPLICATION OR CONFLICT OF SERVICE</p> <p>66 PARENT DECISION</p> <p>67 INSUFFICIENT STAFF</p> <p>69 OTHER</p> <p>Note: Please select the number that that matches closest to the Chapter 4 reason listed in Administrative Procedures Manual.</p>

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Medical Therapy Program, Continued**Medical Therapy Program Data Entry fields (continued)**

Field	Name	Description
<i>Clinic Scheduling Data</i>		
25.	Closure Authorized By	Required Enter the name of the person that authorized the closure.
26.	Date Opened to MTU	Required if MTU Status is Open
27.	Select Conference Type	Optional Select from table values: COMBINED EQUIPMENT CHECK HMO MILITARY NEUROLOGY ORTHOPEDIC OTHER PEDIATRIC PHYSIATRY SPECIAL UPPER EXTREMITY Note: This section allows multiple conferences to be scheduled for a patient. After all fields are enter, the system loops back around to Select Conference Type to enter another conference. After the conference(s) are entered and the process is complete, bypass the Select Conference Type field by leaving the field blank and pressing enter.
28.	Last Conference Visit Date	Optional Format is 99/99/9999 or 999999999 Enter the date the child was last seen at clinic/conference.

Continued on next page

Medical Therapy Program, Continued**Medical Therapy Program Data Entry fields (continued)**

Field	Name	Description
<i>Clinic Scheduling Data</i>		
29.	Return Date/Time	Optional Format is mmddyyyy@h:m or 12052002@9:30 Enter the date/time of clinic return visit. Date only can be entered.
30.	Conference Site	Type ? and select MTU site from Table.
31.	Reason for Visit	Required Select from table values: ANNUAL CARE COORDINATION CASE REVIEW ELIGIBILITY REVIEW EQUIPMENT CHECK FOLLOW-UP INITIAL SEMI-ANNUAL SURGERY REVIEW
32.	Other Reason for Visit	Optional Free Text

Continued on next page

Medical Therapy Program, Continued**Medical Therapy Program Data Entry fields (continued)**

<i>Therapy Data (OT & PT)</i>		
Field	Name	Description
33.	PT/OT Service	Required if MTU status = Open, Hold or New Referral Select from table values: ACTIVE EVALUATION HOLD MONITOR NOT INDICATED (NO ORDERS)
34.	PT/OT Location of Service	Required if PT/OT Service is Active, Evaluation, or Monitor Select from table values: M MTU V VENDOR C CONFERENCE/CLINIC ONLY S SATELLITE
35.	Therapist	Required Defaults to Unassigned. Enter the CCS Therapist Last Name, First Name or use ? to see list. Searches the Therapist table or the Vendor table.

Continued on next page

Medical Therapy Program, Continued

Medical Therapy Program Data Entry fields (continued)

Field	Name	Description
36.	Date Assigned	Required Format is 99/99/9999 or 99999999 Enter the date the therapist was assigned.
37.	Aide/Asst	Optional Enter name of aide or assistant assigned to the case. Searches the Aide/Asst table.
38.	RX Due Date	Required if OT/PT Status is Active, Evaluation or Monitor Format is 99/99/9999 or 99999999 Enter the prescription due date.
39.	Last Evaluation	Required if OT/PT Status is Active or Monitor Format is 99/99/9999 or 99999999 Enter the date the last evaluation was done.
40.	Evaluation Due Date	Required if OT/PT Status is Active, Monitor or Evaluation Format is 99/99/9999 or 99999999 Enter the date the evaluation is due.

Continued on next page

Medical Therapy Program, Continued**Medical Therapy Program Data Entry fields (continued)**

Field	Name	Description																														
41.	Frequency of Therapy	Required if OT/PT Status is Active or Monitor. Select from table values: <table><tr><td>.01</td><td>PRN</td></tr><tr><td>.08</td><td>ANNUAL</td></tr><tr><td>.17</td><td>SEMIANNUAL</td></tr><tr><td>.25</td><td>QUARTERLY</td></tr><tr><td>.33</td><td>EVERY 4 MONTHS</td></tr><tr><td>.5</td><td>BIMONTHLY</td></tr><tr><td>1</td><td>1 x MONTH</td></tr><tr><td>2</td><td>2 x MONTH</td></tr><tr><td>3</td><td>3 x MONTH</td></tr><tr><td>4</td><td>1 x WEEK</td></tr><tr><td>6</td><td>1-2 x WEEK</td></tr><tr><td>8</td><td>2 x WEEK</td></tr><tr><td>12</td><td>3 x WEEK</td></tr><tr><td>16</td><td>4 x WEEK</td></tr><tr><td>20</td><td>5 x WEEK</td></tr></table>	.01	PRN	.08	ANNUAL	.17	SEMIANNUAL	.25	QUARTERLY	.33	EVERY 4 MONTHS	.5	BIMONTHLY	1	1 x MONTH	2	2 x MONTH	3	3 x MONTH	4	1 x WEEK	6	1-2 x WEEK	8	2 x WEEK	12	3 x WEEK	16	4 x WEEK	20	5 x WEEK
.01	PRN																															
.08	ANNUAL																															
.17	SEMIANNUAL																															
.25	QUARTERLY																															
.33	EVERY 4 MONTHS																															
.5	BIMONTHLY																															
1	1 x MONTH																															
2	2 x MONTH																															
3	3 x MONTH																															
4	1 x WEEK																															
6	1-2 x WEEK																															
8	2 x WEEK																															
12	3 x WEEK																															
16	4 x WEEK																															
20	5 x WEEK																															
42.	Length of Session	Required if Frequency of Therapy is entered. Type a number in 15 minute increments not to exceed 120 minutes. Length of session of therapy.																														
43.	School Visit Date	Optional Format is 99/99/9999 or 99999999 Enter the date of the last school visit.																														
44.	Home Program Due Date	Optional only if OT/PT Status is Monitor. Format is 99/99/9999 or 99999999 Enter the date a home program is due.																														

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Medical Therapy Program, Continued

Medical Therapy Program Data Entry fields (continued)

Field	Name	Description
45.	Classroom Program Date	Optional only if field 27 Status is Monitor. Format is 99/99/9999 or 99999999 Enter the date of the last classroom program
46.	Monitor Date	Optional if field 27 Status is Monitor. Format is 99/99/9999 or 99999999 Enter the return date for the monitor.
47.	Type Monitor	Optional if field 27 Status is Monitor. Select from table values: E EVALUATION V VISIT
48.	Monitor Memo	Optional if field 27 Status is Monitor. Free text comments up to 60 characters.

CMS Net User Guide and Reference
Medical Therapy Program, Continued

**Completed
MTU
Registration**

Below is an illustration of the Medical Therapy Program screen.

```
TEST, ANOTHER                                DOB: 04/01/2000 CCS: 3295318    SSN: 123-65-
9456
MTP Ref Dt:                                MTP Status:
MTU Site: T.C. MCDANIEL MTU                  Dt Assigned to MTU:
MTU Status: OPEN
    Date Opened to MTU: 05/09/2002
    DC Date:                                Code:      Auth by:
MTU Primary DX: 343.9:INFANTILE CEREBRAL PALSY, UNSPECIFIED
Treatment DX: 343.1:HEMIPLEGIC INFANTILE CEREBRAL PALSY
Medical Direction: HMO
Last Medical Record: 01/28/2002    Medical Record Due:
Medical Home: MD, BARRY                Prescribing MD:

School:                                Dist:                                IEP:
LEA Consent:                            Release of Info Dt:
Agencies:
Conference Scheduling:
SPINA BIFIDA                Last: 05/08/2002 Return: 05/09/2002    T.C.
MCDANIEL
    Reason:                                SEMI-ANNUAL
PT Service: ACTIVE                PT Location of Serv:
Therapist: THERAPY RESOURCES, INC    Date Assigned: 05/09/2002
Aide/Asst:
    RX due: 06/08/2002 Rpt due: 03/05/2003 Last Eval: 01/29/2002 Freq: 1 x
MONTH
Mon Due:                                Type:                                School Visit: 05/09/2002
    Memo:
OT Service: MONITOR                OT Location of Serv:
Therapist: THERAPY RESOURCES, INC    Date Assigned: 05/09/2002
Aide/Asst:
    RX due: 06/08/2002 Rpt due: 03/05/2003 Last Eval: 01/29/2002 Freq: 5 x
WEEK
Mon Due:                                Type:                                School Visit: 05/09/2002
    Memo:
Clinic Comments:
MTU Comments:

CURRENT CLIENT ELIGIBILITY NOT ON FILE FOR PATIENT.

Do you want to enter/edit information for this patient? No//
```

Continued on next page

Assign Conference Schedule

Overview

This chapter describes how:

To assign a Medical Therapy Conference schedule

To view the Medical Conference assignment results

This screen is a quick way to enter the next Medical Therapy Conference date and reason for visit. It is also an easy way to enter the time or alter the date once the tickler schedule has been reviewed for the specific children planned for an Medical Therapy Conference.

Steps to Assign the Clinic Schedule

Step	Action
1.	From the Primary Menu, select Medical Therapy Program. Press <Enter>. ✓ The Medical Therapy Program Menu displays.
2.	From the Medical Therapy Program Menu, select Assign Clinic Schedule. Press <Enter>

Continued on next page

Steps to Assign the Clinic Schedule (continued)

Field	Name	Description
3.	Select the conference Site	Select from table of MTUs.
4.	Address Line 1	Defaults to address listed on the MTU table.
5.	Address Line 2	Defaults to blank unless the address listed on the MTU table includes an additional address line.
6.	Zip Code	Defaults to zip code listed on the MTU table.
7.	City, State	Defaults to City, State listed on the MTU table.
8.	Contact Person	Not required Enter the contact person at the site
9.	Select the conference type	Select from table values: COMBINED EQUIPMENT CHECK HMO MILITARY NEUROLOGY ORTHOPEDIC OTHER PEDIATRIC PHYSIATRY SPECIAL UPPER EXTREMITY

Continued on next page

Steps to Assign the Clinic Schedule (continued)

Step	Action
1.	From the Patient Identification screen, identify and select the patient to be scheduled for this MTC. Select device.
2.	Do you want to Enter/Edit information for this patient? //Yes The default is Yes, you must type Y for yes. Press <Enter>.

Continued on next page

Assign Conference Schedule, Continued**Assigning
Conference
Schedule
Data Entry
fields**

The following table identifies and defines the fields for data entry on the Conference Schedule Assignment function.

- ➡ Press the <Enter> to move through the fields
- ➡ If you make a mistake, you can use the ^ to cancel.

Note: Repeat this data entry for each patient to be seen at this conference

Field	Name	Description
<i>Conference Assignment Scheduling</i>		
1.	Last Conference Visit Date	Optional Format is 99/99/9999 or 9999999999 Enter the date of the last conference visit
2.	RETURN DATE/TIME	Optional Format is 99/99/9999 or 9999999999@9:30AM Enter the date and time for the next conference visit
3.	REASON FOR VISIT	Required ANNUAL CARE COORDINATION CASE REVIEW ELIGIBILITY REVIEW EQUIPMENT CHECK FOLLOW-UP INITIAL SEMI-ANNUAL SURGERY REVIEW
4.	OTHER REASON FOR VISIT	Optional Free Text comments

Continued on next page

Assign Conference Schedule, Continued

Completed Assigned Clinic Schedule

Below is an illustration of the Clinic Assignment scheduled screen.

Note: To display and print conference roster, see MTP Reports Section:
Report CR

CLINIC SCHEDULE

07/15/2002@1:13PM PAGE 1

ORTHOPEDIC	Last: 07/15/2002 Return: 08/14/2002	CONEJO VALLEY
Reason:	ANNUAL	
SPINA BIFIDA	Last: 05/08/2002 Return: 05/09/2002	T.C. MCDANIEL
Reason:	SEMI-ANNUAL	

Do you want to enter/edit information for this patient? Yes//

Continued on next page

Patient Treatment Record (PTR)

Overview

This section describes how to:

- Set up procedure codes with maximum allowable rates (MAR) and Usual and Customary rates (UCR).
 - Generating a blank PTR form.
 - Creating a batch for entering PTRs.
 - Entering PTR data for Medi-Cal claiming purposes.
 - Transmitting a batch for sending electronically to the fiscal intermediary.
 - Generating a report for tracking the transmitted batch data.
-

Steps to update Procedure Code Rate table

This option allows county staff to update the procedure code table. A county may add or edit the effective date, the MAR and UCR for each procedure code.

Note: The county is required to determine what the UCR for their county. Contact the Regional Office for further assistance with this process.

Step	Action
1.	From the Primary Menu, select Medical Therapy Program. Press <Enter>. The Medical Therapy Program Menu displays.
2.	From the Medical Therapy Program Menu, select Modify/Print PTR Table. Press <Enter>.

Continued on next page

CMS Net User Guide and Reference

Patient Treatment Record, Continued

Field	Name	Description
<i>Print or Modify the PTR Rate table</i>		
1.	Select one of the following:	<p>Required</p> <p>P PRINT</p> <p>M MODIFY</p> <p>DO YOU WANT TO PRINT OR MODIFY THE PTR RATE TABLE (P/M)?</p> <p>Enter a "P" to print an existing table or "M" to add new entries to the table.</p>
2.	Modify PTR Rate Table for county:	<p>Required</p> <p>Enter ? and select County from the table or enter county name.</p>
3.	Select Effective Date:	<p>Required</p> <p>X4100 EVALUATION-INITIAL 30 MINUTES, PLUS REPORT</p> <p>Enter the effective date for the procedure listed.</p>
4.	Are you adding '12/26/2003' as a new EFFECTIVE DATE (the 1ST for this COUNTY)? No	<p>Required</p> <p>Enter "Y" and accept the new effective date entered for this procedure code or "No" to enter a new effective date.</p>
5.	Enter a Maximum Allowance:	<p>Enter the Maximum Allowance for the specified procedure code as dictated by the State.</p> <p>Type a Dollar Amount between .01 and 99999999.99, 2 Decimal Digits</p>
6.	Enter a MTU Charge:	<p>Required</p> <p>Type a Dollar Amount between .01 and 99999999.99, 2 Decimal Digits.</p>
7.	Code in Use	<p>Optional</p> <p>Enter procedure code.</p>

Continued on next page

Patient Treatment Record, Continued**Steps to generate a blank Patient Treatment Record**

This option allows therapist to print out blank PTRs to begin entering and tracking services provided to a patient.

Note: The MTP Registration must be entered on a record to generate the PTR and Local spool printing must be utilized. Contact the CMS Net Help desk for additional assistance with setting up your printer.

Step	Action
1.	From the Primary Menu, select Medical Therapy Program. Press <Enter>. ✓ The Medical Therapy Program Menu displays.
2.	From the Medical Therapy Program Menu, select Blank PTR print. Press <Enter>.

Field	Name	Description
Printing a blank PTR		
1.	Select one of the following	Required Select the from table value(s): 1 REGIONAL OFFICE 2 COUNTY 0 LOCAL OFFICE
2.	Select County Name	Required Enter type ? and select County from the table.:
3.	Enter starting date for Quarter:	Required Defaults to the 1 st day of the quarter through the last day of the quarter.

Continued on next page

Patient Treatment Record, Continued

Field	Name	Description
4.	Select one of the following	Required Select from the table value(s): 1 INDIVIDUAL PTRS P PT BATCH PTRS O OT BATCH PTRS
5.	Select MTU Site:	Required Type ? and select MTU from the table.
6.	Device:	Required Select type of device for printing.

Continued on next page

CMS Net User Guide and Reference

Patient Treatment Record, Continued

Field	Name	Description
<i>Printing a blank PTR</i>		
8.	Select one of the following	Required Select the from table value(s): 1 REGIONAL OFFICE 2 COUNTY 0 LOCAL OFFICE
9.	Select County Name	Required Enter type ? and select County from the table.:
10.	Enter starting date for Quarter:	Required Defaults to the 1 st day of the quarter through the last day of the quarter.
11.	Select one of the following	Required Select from the table value(s): 1 INDIVIDUAL PTRS P PT BATCH PTRS O OT BATCH PTRS
12.	Select MTU Site:	Required Type ? and select MTU from the table.
13.	Device:	Required Select type of device for printing.

Continued on next page

Patient Treatment Record, Continued

Blank Patient Treatment Record

Below is an illustration of a blank Patient Treatment Record

PATIENT THERAPY RECORD

1-15 min = 1 unit 16-37 min = 2 units 38-52 min = 3 units 53-67 min = 4 units

T-Therapist N/A 1. ILL 2. MED APPT WITH ANOTHER CHILD 3. MEETING 4. OTHER

P-Patient N/A 1. ILL 2. SCHOOL CANCEL 3. PARENT CANCEL 4. FAILED APPT 5. HOLIDAY 6. OTHER

S: Patient Cooperation was: (A)-GOOD (B)-FAIR (C)-POOR

O: Direct/Indirect

A: Response to treatment (A)-GOOD (B)-FAIR (C)-POOR

P: Plan: (A)-CONTINUE (B)-MODIFY (C)-RE-EVALUATE

MONTH: 07

	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	TOT
S:																																		
O: TREATMENT																																		A
EVALUATN																																		B
CASE CONF																																		C
FIELD VST																																		D
MILEAGE																																		E
CONSULTN																																		F
DOCUMENTN																																		G
OTHER																																		H
A:																																		
P:																																		

MONTH: 08

	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	TOT
S:																																		
O: TREATMENT																																		A
EVALUATN																																		B
CASE CONF																																		C
FIELD VST																																		D
MILEAGE																																		E
CONSULTN																																		F
DOCUMENTN																																		G
OTHER																																		H
A:																																		
P:																																		

MONTH: 09

	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	TOT
S:																																		
O: TREATMENT																																		A
EVALUATN																																		B
CASE CONF																																		C
FIELD VST																																		D
MILEAGE																																		E
CONSULTN																																		F
DOCUMENTN																																		G
OTHER																																		H
A:																																		
P:																																		

PT: X OT: Signature/Date: _____ 09/30/2002

Trmt DX: 343.1:HEMIPLEGIA

Prim DX: 239.6:BRAIN TUMOR

DOB: 03/08/1992

CCS#: _____ SSA#: 640-18-2077 YEAR: 2002 QTR: 1

M/D: PRIVATE Resid Cty: 56 Therapy D/C: _____

MTU: BOSWELL MTU/56

PT NAME: _____

Continued on next page

Patient Treatment Record, Continued**Patient
Treatment
Record Data
Entry fields**

The following table identifies and defines the fields for data entry on the Patient Treatment Record function.

- ➡ Press the <Enter> to move through the fields
- ➡ If you make a mistake, you can use the ^ to cancel.

PTRs are defined and entered in the following order

- Batch
- Patient
- Day

Field	Name	Description
<i>Patient Treatment Record – Batch Entry</i>		
1.	Treatment Clinics Name	Required Type ?? and select MTU from the table.
2.	Comments	Free text up to 70 characters in length.
3.	Status	Required Select one of the following: 0 OPEN 1 CLOSED
4.	Exception	Optional Select one of the following: X0 AFTER 6 MONTH LIMIT - NO REASON X1 POE UNKNOWN X4 DHS DELAY X5 DELIVERY DELAY X6 FIRE, FLOOD, OR DISASTER X7 THEFT OR SABOTAGE X8 DECISIONS, APPEALS
5.	Batch Remarks	Optional Free text field

Continued on next page

Patient Treatment Record, Continued

Field	Name	Description
<i>Patient Treatment Record – Patient Entry</i>		
1.	Select PATIENT THERAPY RECORD MONTH/YEAR	Required Enter the month and year Format is: 99/9999
2.	Are you adding '05/2003' as a new PATIENT THERAPY RECORD?	Required Defaults to No. Answer with Y or N.
3.	MONTH/YEAR: 05/2003//	Press <Enter> to accept default date Confirm the date is correct or change the date after the two slashes.
4.	PT/OT	Select either number one <1> for OT services or number two <2> for PT services provided to this patient Choose from: 1 PT 2 OT
5.	PROVIDER	Required Select from list of assigned therapist from the table. Only the therapist assigned to the select treatment clinic and OT/PT type therapist will display. Boswell treatment clinic displays the following PTs Example: Choose from: MUNESATO,JEANNE PT SAMPILO,SOLEDAD PT
6.	DATE SIGNED	Required Enter the date the PTR was signed by the therapist.
7.	TREATMENT DX	Required ICD-9 Code <i>Note: This will be the same Treatment diagnosis as entered in the MTU registration.</i>

Continued on next page

Patient Treatment Record, Continued

Field	Name	Description
<i>Patient Treatment Record – Patient Entry</i>		
8.	PRIMARY DX	Required ICD-9 Code <i>Note: This will default from Primary diagnosis as entered in the MTU registration.</i>
9.	MEDICAL DIRECTION	Required Select from table value <i>Note: This will default from Medical Direction as entered in the MTU registration.</i>
10.	THERAPY D/C	Optional Select from closure table.
11.	EXCEPTION CODE	Optional Select from exception code table.
12.	REMARKS	Optional Free Text

Continued on next page

Patient Treatment Record, Continued

Field	Name	Description
<i>Patient Treatment Record – Day Entry</i>		
13.	DAY	Required Enter the DAY of the month which services were provided.
14.	DAY: 1//	Required Enter to accept the default.
15.	S (PATIENT COOPERATION):	Optional Select from the Table value(s): A GOOD B FAIR C POOR <i>Note: Can be left blank if Patient or Therapist not available.</i>
16.	TREATMENT	Required Enter the number of units into 15 minute blocks 1 unit = 15 minutes Enter number from 1-32 or enter P (Patient Not Available) or T (Therapist Not Available) and the reason code. <i>Note: Reason Codes are listed on the top of the PTR.</i>
17.	EVALUATION	Required Enter the number of units into 15 minute blocks 1 unit = 15 minutes Enter number from 1-32 or enter P (Patient Not Available) or T (Therapist Not Available) and the reason code. <i>Note: Reason Codes are listed on the top of the PTR.</i>
18.	CASE CONFERENCE	Optional Enter the number of units into 15 minute blocks 1 unit = 15 minutes Type a Number between 1 and 32, normally 1-12
19.	FIELD VISIT	Optional Enter the number of units into 15 minute blocks 1 unit = 15 minutes Type a Number between 1 and 2, normally just 1

Continued on next page

Patient Treatment Record, Continued

Field	Name	Description
20.	MILEAGE	Optional Enter the number of units into 15 minute blocks 1 unit = 15 minutes Type a Number between 1 and 99
21.	CONSULTANT	Optional Enter the number of units into 15 minute blocks 1 unit = 15 minutes Type a Number between 1 and 32, normally 1-12
22.	DOCUMENTATION	Optional Enter the number of units into 15 minute blocks 1 unit = 15 minutes Type a Number between 1 and 32, normally 1-
23.	OTHER	Optional Enter the number of units into 15 minute blocks 1 unit = 15 minutes Type a Number between 1 and 32, normally 1
24.	CODE FOR OTHER	Optional Enter the number of units into 15 minute blocks 1 unit = 15 minutes Only unlisted-service codes that aren't By Report
25.	A (RESPONSE TO TRMT)	Required Select from the Table value(s): A GOOD B FAIR C POOR
26.	PLAN	Required Select from the Table value(s): A CONTINUE B MODIFY C RE-EVALUATE

Continued on next page

Patient Treatment Record, Continued

Patient Treatment Record Below is an illustration of a completed Patient Treatment Record

PATIENT THERAPY RECORD 27
 MONTH: 05/2003 1 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 3 3
 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 TOT

S:	A	
O: TREATMEN	1	1 A
EVALUATI		0 B
CASE CON		0 C
FIELD VI		0 D
MILEAGE		0 E
CONSULTA		0 F
DOCUMENT		0 G
OTHER		0 H

A: A
 P: A

For: PT by: SAMPILO, SOLEDAD 05/02/2003
 Trmt DX: 234.8: CARCINOMA IN SITU OF OTHER SPECIFIED SITES
 Prim DX: 567.2: OTHER SUPPURATIVE PERITONITIS
 DOB: 04/23/1986 CCS#: 2543896 SSA#: 558-91-8036 YEAR: 2003 QTR: 4
 M/D: PRIVATE Resid Cty: HUMBOLDT Therapy D/C:
 MTU: BOSWELL MTU
 PT NAME: JOHNSON, ABEL EXC CD:

Continued on next page

Patient Treatment Record, Continued**Create PTR
File/Tape**

This section describes how to transmit a patient treatment record for electronic claiming submission to the Medi-Cal fiscal intermediary. In addition, reports are generated notifying the user of any fatal errors and the dollar amount of the electronic submission.

Note: Batch Status must be “closed” in order to transmit a batch.

Step	Action
1	From the Primary Menu, select Medical Therapy Program. Press <Enter>. ✓ The Medical Therapy Program Menu displays.
2	From the Medical Therapy Program Menu, select Create PTR File/Tape. Press <Enter>. ✓The Select by: prompt displays.

Field	Name	Description
<i>Patient Treatment Record –Create PTR File/Tape</i>		
1.	Select one of the following:	Required Select one of the following 1 NEW TRANSMISSION 0 RESEND OLD TRANSMISSION
2.	SELECT BATCHES: (3-12): 3,12// 12	Required Select the batch number to transmit
3.	Select one of the following:	DATE USED FOR TRANSMISSION IS 05/16/2003 WITH TRANSMISSION ID OF 2003-25 Select one of the following: 0 ERRORS ONLY 1 FULL TRANSMISSION DETAIL

Continued on next page

Patient Treatment Record, Continued**Patient Treatment Record**

Below is an illustration of a PTR transmission report. This report is generated after the batch has been transmitted to the fiscal intermediary.

The first report is a summary of the *total* dollar amount billed by MTU and batch number.

The second report provides a detail summary of the PTR entry by procedure code, units, and usual and customary rate by MTU.

The third report is a summary of the total dollar amount billed *for each MTU* in the batch

If the report shows any fatal errors the batch will not be transmitted.

PTR TRANSMISSION REPORT FOR: 05/16/2003 JULIAN DT: 3136 TRANS ID: 2003-27
BATCH#: 12 MTU: GLANKLER MTU MCAL#: CCS234632

12 GLANKLER MTU BATCH TOTAL: 1057.35

PTR TRANSMISSION REPORT FOR: 05/16/2003 JULIAN DT: 3136 TRANS ID: 2003-28
BATCH#: 12 MTU: GLANKLER MTU MCAL#: CCS234632

JONES,CHRISTIAN M 01/11/00 616-17-1925 05/03

050103 X3908 1 55.00

050203 X3932 1 60.00

050203 X3928 1 39.00

051203 X3908 1 55.00

051203 X3920 1 69.00

051203 X3926 1 35.00

CLAIM TOTAL: 1057.35

UNLISTED SERVICES MUST BE DONE MANUALLY

PTR TRANSMISSION REPORT FOR: 05/16/2003 JULIAN DT: 3136 TRANS ID: 200
MTU #CLAIMS #REMARKS TOTAL \$

GLANKLER MTU 1 0 1057.35

TOTAL PROVIDERS: 1 1 0 1057.35

PTRS WITH FATAL ERRORS: 0 WITH MANUAL CLAIMS: 1 WITHOUT FATAL ERRORS:

Continued on next page

Medical Therapy Program Ticklers

Overview

This section identifies the available ticklers in the CMS Net MTP module including tickler generation instructions.

Steps to Access the Medical Therapy Program Ticklers

Step	Action
1	From the Primary Menu, select Medical Therapy Program. Press <Enter>. ✓ The Medical Therapy Program Menu displays.
2	From the Medical Therapy Program Menu, select Generate Tickler List/Batch Corresp. Press <Enter>. ✓The Select by: prompt displays.

Continued on next page

Medical Therapy Program Ticklers, Continued

Closed to MTU (MTU)	➡ Below is an illustration of the MTU Closure tickler. This tickler is utilized to track all cases that are closed to an MTU within a specified county.
----------------------------	---

Name	Description
<i>Required for Closed to MTU Tickler</i>	
Select by:	<p>Select one of the following:</p> <p>1 REGIONAL OFFICE</p> <p>2 COUNTY</p> <p>0 LOCAL OFFICE</p>
Select County/ Regional Office/ Local Office Name:	Type a “?” for a list, or type in 2-3 characters of your County/Regional Office/Local Office name.
Select Tickler List ID:	<p>Type a “?” for a list of tickler Ids or select from table.</p> <p>MTU MTU Closure</p> <p>OTCL OT Classroom Program</p> <p>OTEV OT Evaluation</p> <p>OTHP OT Home Program</p> <p>OTM OT Monitor</p> <p>OTRX OT RX</p> <p>PTCL PT Classroom Program</p> <p>PTEV PT Evaluation</p> <p>PTHP PT Home Program</p> <p>PTM PT Monitor</p> <p>PTRX PT RX</p> <p>SCH Schedule Clinics</p> <p><i>Note: All ticklers for CMS Net will display in list. The ticklers listed above pertain to MTU function.</i></p>

Continued on next page

Medical Therapy Program Ticklers, Continued

Select MTU Status:	Select MTU status from the table values: 1. CLOSED TO OT/PT (NO LONGER IN USE) 2. CLOSED TO MTU
--------------------	---

MTU CLOSURE AT EMPTY		12/26/2003@7:38AM		PAGE 1
NAME	CCS #	PT STATUS	OT STATUS	

AREEN,ALYSSA	5645632	NOT INDICATED	NOT INDICATED	
AYAAL,DANIEL	1232323	NOT INDICATED	NOT INDICATED	
FREDARICK,MARY	2256562	NOT INDICATED	NOT INDICATED	
GRIFIN,JOSEPH R.	2458875	NOT INDICATED	NOT INDICATED	
JOREN,PATRICIA	2325896	NOT INDICATED	NOT INDICATED	
KHARDOLYAN,AKIP	2325878	NOT INDICATED	NOT INDICATED	

Continued on next page

Medical Therapy Program Ticklers, Continued

OT Classroom Program (OTCL)	➡ Below is an illustration of the Occupational Therapy (OT) Classroom Program tickler. This tickler captures the date of when the program was written if indicated in the record.
------------------------------------	---

Name	Description
<i>Required for OT Classroom Program Tickler</i>	
Select by:	Select one of the following: 1 REGIONAL OFFICE 2 COUNTY 0 LOCAL OFFICE
Select County/ Regional Office/ Local Office Name:	Type a “?” for a list, or type in 2-3 characters of your County/Regional Office/Local Office name.
Select Tickler List ID:	Type a “?” for a list of tickler Ids or select from table. MTU MTU Closure OTCL OT Classroom Program OTEV OT Evaluation OTHP OT Home Program OTM OT Monitor OTRX OT RX PTCL PT Classroom Program PTEV PT Evaluation PTHP PT Home Program PTM PT Monitor PTRX PT RX SCH Schedule Clinics <i>Note: All ticklers for CMS Net will display in list. The ticklers listed above pertain to MTU function.</i>

Continued on next page

Medical Therapy Program Ticklers, Continued

Select MTU Site:	Enter the name of the MTU Site.
Select THERAPIST:	Enter the name of the OT Therapist
From Date:	Required Format is 99/99/9999 or 99999999 Enter the starting date of the class program range.
To Date:	Required Format is 99/99/9999 or 99999999 Enter the ending date of the class program range.

OT CLASSROOM PROGRAM DATES 02/22/2000-12/21/2003

DATE OF REPORT: 12/26/2003

THERAPIST: RUIZ,JANICE

SITE: CARMACK MTU

PATIENT NAME	CCS #	DOB	EVAL DUE DT	OT SERVICE
BLACKOWL,RICHARD	4132344	07/28/1984		ACTIVE
CALDERON,AUTEMN	6133073	11/11/1995		ACTIVE
LITTLEFIETH,RIELY	7291683	10/30/1999		ACTIVE
SANCHEZ,NAAYANA	5306416	12/10/1997		ACTIVE
WHITE,SKIER	2284113	06/01/1993		ACTIVE

Continued on next page

Medical Therapy Program Ticklers, Continued

PT Classroom Program (PTCL)	➡ Below is an illustration of the Physical Therapy (PT) Classroom Program tickler. This tickler captures the date of when the program was written if indicated in the record.
------------------------------------	---

Name	Description
<i>Required for PT Classroom Program Tickler</i>	
Select by:	Select one of the following: 1 REGIONAL OFFICE 2 COUNTY 0 LOCAL OFFICE
Select County/ Regional Office/ Local Office Name:	Type a “?” for a list, or type in 2-3 characters of your County/Regional Office/Local Office name.
Select Tickler List ID:	Type a “?” for a list of tickler Ids or select from table. MTU MTU Closure OTCL OT Classroom Program OTEV OT Evaluation OTHP OT Home Program OTM OT Monitor OTRX OT RX PTCL PT Classroom Program PTEV PT Evaluation PTHP PT Home Program PTM PT Monitor PTRX PT RX SCH Schedule Clinics <i>Note: All ticklers for CMS Net will display in list. The ticklers listed above pertain to MTU function.</i>

Continued on next page

Medical Therapy Program Ticklers, Continued

Select MTU Site:	Enter the name of the MTU Site.
Select THERAPIST:	Enter the name of the PT Therapist
From Date:	Required Format is 99/99/9999 or 99999999 Enter the starting date of the class program range.
To Date:	Required Format is 99/99/9999 or 99999999 Enter the ending date of the class program range.

PT CLASSROOM PROGRAM DATES 02/22/2000-12/21/2003

DATE OF REPORT: 12/26/2003

THERAPIST: MELISSA PITTS

SITE: CARMACK MTU

PATIENT NAME	CCS #	DOB	EVAL DUE DT	PT SERVICE
BLACKOWL,RICHARD	4132344	07/28/1984		ACTIVE
CALDERON,AUTEMN	6133073	11/11/1995		ACTIVE
LITTLEFIETH,RIELY	7291683	10/30/1999		ACTIVE
SANCHEZ,NAAYANA	5306416	12/10/1997		ACTIVE
WHITE,SKIER	2284113	06/01/1993		ACTIVE

Medical Therapy Program Ticklers, Continued

PT Evaluation (PTEV)	➡ Below is an illustration of the Physical Therapy (PT) Evaluation tickler. This tickler is utilized to track all cases that have an evaluation due.
-----------------------------	--

Name	Description
<i>Required for PT Evaluation Tickler</i>	
Select by:	Select one of the following: 1 REGIONAL OFFICE 2 COUNTY 0 LOCAL OFFICE
Select County/ Regional Office/ Local Office Name:	Type a “?” for a list, or type in 2-3 characters of your County/Regional Office/Local Office name.
Select Tickler List ID:	Type a “?” for a list of tickler Ids or select from table. MTU MTU Closure OTCL OT Classroom Program OTEV OT Evaluation OTHP OT Home Program OTM OT Monitor OTRX OT RX PTCL PT Classroom Program PTEV PT Evaluation PTHP PT Home Program PTM PT Monitor PTRX PT RX SCH Schedule Clinics <i>Note: All ticklers for CMS Net will display in list. The ticklers listed above pertain to MTU function.</i>

Medical Therapy Program Ticklers, Continued

Select MTU Site:	Enter the name of the MTU Site.
Select THERAPIST:	Enter the name of the PT Therapist
From Date:	Required Format is 99/99/9999 or 99999999 Enter the starting date of the class program range.
To Date:	Required Format is 99/99/9999 or 99999999 Enter the ending date of the class program range.

PT EVALUATION DATES 12/06/1996-05/21/2006

DATE OF REPORT: 12/26/2003

THERAPIST: KEIZER,MELODIE

SITE: CARMACK MTU

PATIENT NAME	CCS #	DOB	EVAL DUE DT	PT SERVICE
RABBIT,PETER	3299256	02/14/1998	06/22/2003	ACTIVE
BLACKOWL,RICH	2132344	07/28/1984	07/08/2003	ACTIVE
BANDS,AMBER	3280355	09/30/1997	07/18/2003	ACTIVE
SANCHEZ,ADAY	3306416	12/10/1997	07/18/2003	ACTIVE
CALDER,AUTUMN	3133073	11/11/1995	11/30/2003	ACTIVE
GONZALEZ,ANGEL	8302349	01/20/1996	12/14/2003	ACTIVE

Medical Therapy Program Ticklers, Continued

OT Evaluation (OTEV)	➡ Below is an illustration of the Occupational Therapy (OT) Evaluation tickler. This tickler is utilized to track all cases that have an evaluation due.
-----------------------------	--

Name	Description
<i>Required for OT Evaluation Tickler</i>	
Select by:	Select one of the following: 1 REGIONAL OFFICE 2 COUNTY 0 LOCAL OFFICE
Select County/ Regional Office/ Local Office Name:	Type a “?” for a list, or type in 2-3 characters of your County/Regional Office/Local Office name.
Select Tickler List ID:	Type a “?” for a list of tickler Ids or select from table. MTU MTU Closure OTCL OT Classroom Program OTEV OT Evaluation OTHP OT Home Program OTM OT Monitor OTRX OT RX PTCL PT Classroom Program PTEV PT Evaluation PTHP PT Home Program PTM PT Monitor PTRX PT RX SCH Schedule Clinics <i>Note: All ticklers for CMS Net will display in list. The ticklers listed above pertain to MTU function.</i>

Continued on next page

Medical Therapy Program Ticklers, Continued

Select MTU Site:	Enter the name of the MTU Site.
Select THERAPIST:	Enter the name of the OT Therapist
From Date:	Required Format is 99/99/9999 or 99999999 Enter the starting date of the class program range.
To Date:	Required Format is 99/99/9999 or 99999999 Enter the ending date of the class program range.

OT EVALUATION DATES 12/06/1996-05/21/2006

DATE OF REPORT: 12/26/2003

THERAPIST: ARTZ,PAULA

SITE: CARMACK MTU

PATIENT NAME	CCS #	DOB	EVAL DUE DT	OT SERVICE
RABBIT,PETER	3299256	02/14/1998	06/22/2003	ACTIVE
BLACKOWL,RICH	2132344	07/28/1984	07/08/2003	ACTIVE
BANDS,AMBER	3280355	09/30/1997	07/18/2003	ACTIVE
SANCHEZ,ADAY	3306416	12/10/1997	07/18/2003	ACTIVE
CALDER,AUTUMN	3133073	11/11/1995	11/30/2003	ACTIVE
GONZALEZ,ANGEL	8302349	01/20/1996	12/14/2003	ACTIVE

Medical Therapy Program Ticklers, Continued

OT Home Program (OTHP)	➡ Below is an illustration of the Occupational Therapy (OT) Home Program tickler. This tickler is utilized to track all cases that have a Home Program due.
-------------------------------	---

Name	Description
<i>Required for OT Home Program Tickler</i>	
Select by:	Select one of the following: 1 REGIONAL OFFICE 2 COUNTY 0 LOCAL OFFICE
Select County/ Regional Office/ Local Office Name:	Type a “?” for a list, or type in 2-3 characters of your County/Regional Office/Local Office name.
Select Tickler List ID:	Type a “?” for a list of tickler Ids or select from table. MTU MTU Closure OTCL OT Classroom Program OTEV OT Evaluation OTHP OT Home Program OTM OT Monitor OTRX OT RX PTCL PT Classroom Program PTEV PT Evaluation PTHP PT Home Program PTM PT Monitor PTRX PT RX SCH Schedule Clinics <i>Note: All ticklers for CMS Net will display in list. The ticklers listed above pertain to MTU function.</i>

Continued on next page

Medical Therapy Program Ticklers, Continued

Select MTU Site:	Enter the name of the MTU Site.
Select THERAPIST:	Enter the name of the OT Therapist
From Date:	Required Format is 99/99/9999 or 99999999 Enter the starting date of the class program range.
To Date:	Required Format is 99/99/9999 or 99999999 Enter the ending date of the class program range.

OT HOME PROGRAM DATES 12/06/1995-04/19/2004				
DATE OF REPORT: 12/26/2003				
THERAPIST: RUIZ,JANICE				
SITE: CARMACK MTU				
PATIENT NAME	CCS #	DOB	EVAL DUE DT	OT SERVICE
BLACKOWL,RICH	8132344	07/28/1984	12/26/2003	MONITOR
SANCHEZ,ADAY	7306416	12/10/1997	12/26/2003	MONITOR

Medical Therapy Program Ticklers, Continued

PT Home Program (PTHP)	➡ Below is an illustration of the Physical Therapy (PT) Home Program tickler. This tickler is utilized to track all cases that have a Home Program due.
-------------------------------	---

Name	Description
<i>Required for PT Home Program Tickler</i>	
Select by:	Select one of the following: 1 REGIONAL OFFICE 2 COUNTY 0 LOCAL OFFICE
Select County/ Regional Office/ Local Office Name:	Type a “?” for a list, or type in 2-3 characters of your County/Regional Office/Local Office name.
Select Tickler List ID:	Type a “?” for a list of tickler Ids or select from table. MTU MTU Closure OTCL OT Classroom Program OTEV OT Evaluation OTHP OT Home Program OTM OT Monitor OTRX OT RX PTCL PT Classroom Program PTEV PT Evaluation PTHP PT Home Program PTM PT Monitor PTRX PT RX SCH Schedule Clinics <i>Note: All ticklers for CMS Net will display in list. The ticklers listed above pertain to MTU function.</i>

Continued on next page

Medical Therapy Program Ticklers, Continued

Select MTU Site:	Enter the name of the MTU Site.
Select THERAPIST:	Enter the name of the PT Therapist
From Date:	Required Format is 99/99/9999 or 99999999 Enter the starting date of the class program range.
To Date:	Required Format is 99/99/9999 or 99999999 Enter the ending date of the class program range.

PT HOME PROGRAM DATES 12/06/1995-04/19/2004

DATE OF REPORT: 12/26/2003

THERAPIST: RUIZ,JANICE

SITE: CARMACK MTU

PATIENT NAME	CCS #	DOB	EVAL DUE DT	PT SERVICE
BLACKOWL,RICH	8132344	07/28/1984	12/26/2003	MONITOR
SANCHEZ,ADAY	7306416	12/10/1997	12/26/2003	MONITOR

Medical Therapy Program Ticklers, Continued

OT Monitor (OTM)	➡ Below is an illustration of the Occupational Therapy (OT) Monitor tickler. This tickler is utilized to track all cases that have indicated Monitor in the OT service field.
-------------------------	---

Name	Description
<i>Required for OT Monitor Tickler</i>	
Select by:	Select one of the following: 1 REGIONAL OFFICE 2 COUNTY 0 LOCAL OFFICE
Select County/ Regional Office/ Local Office Name:	Type a “?” for a list, or type in 2-3 characters of your County/Regional Office/Local Office name.
Select Tickler List ID:	Type a “?” for a list of tickler Ids or select from table. MTU MTU Closure OTCL OT Classroom Program OTEV OT Evaluation OTHP OT Home Program OTM OT Monitor OTRX OT RX PTCL PT Classroom Program PTEV PT Evaluation PTHP PT Home Program PTM PT Monitor PTRX PT RX SCH Schedule Clinics <i>Note: All ticklers for CMS Net will display in list. The ticklers listed above pertain to MTU function.</i>

Continued on next page

Medical Therapy Program Ticklers, Continued

Select MTU Site:	Enter the name of the MTU Site.
Select THERAPIST:	Enter the name of the OT Therapist
From Date:	Required Format is 99/99/9999 or 99999999 Enter the starting date of the class program range.
To Date:	Required Format is 99/99/9999 or 99999999 Enter the ending date of the class program range.

OT MONITOR DATES 01/01/1995-06/17/2004

DATE OF REPORT: 12/26/2003

SITE: CARMACK MTU

PATIENT NAME	CCS #	MONITOR DT	TYPE	FREQ	THERAPIST
BLACKOWL,RICH	3132344	12/26/2003	EVAL	2 x MONTH	RUIZ,JANICE
SANCHEZ,ADAY	7306416	12/26/2003	EVAL	EVERY 4 MONT	

Medical Therapy Program Ticklers, Continued

PT Monitor (PTM)	➡ Below is an illustration of the Physical Therapy (PT) Monitor tickler. This tickler is utilized to track all cases that have indicated Monitor in the PT service field.
-------------------------	---

Name	Description
<i>Required for PT Monitor Tickler</i>	
Select by:	Select one of the following: 1 REGIONAL OFFICE 2 COUNTY 0 LOCAL OFFICE
Select County/ Regional Office/ Local Office Name:	Type a “?” for a list, or type in 2-3 characters of your County/Regional Office/Local Office name.
Select Tickler List ID:	Type a “?” for a list of tickler Ids or select from table. MTU MTU Closure OTCL OT Classroom Program OTEV OT Evaluation OTHP OT Home Program OTM OT Monitor OTRX OT RX PTCL PT Classroom Program PTEV PT Evaluation PTHP PT Home Program PTM PT Monitor PTRX PT RX SCH Schedule Clinics <i>Note: All ticklers for CMS Net will display in list. The ticklers listed above pertain to MTU function.</i>

Continued on next page

Medical Therapy Program Ticklers, Continued

Select MTU Site:	Enter the name of the MTU Site.
Select THERAPIST:	Enter the name of the PT Therapist
From Date:	Required Format is 99/99/9999 or 99999999 Enter the starting date of the class program range.
To Date:	Required Format is 99/99/9999 or 99999999 Enter the ending date of the class program range.

PT MONITOR DATES 01/01/1995-06/17/2004

DATE OF REPORT: 12/26/2003

SITE: CARMACK MTU

PATIENT NAME	CCS #	MONITOR DT	TYPE	FREQ	THERAPIST
BLACKOWL,RICH	3132344	12/26/2003	EVAL	2 x MONTH	RUIZ,JANICE
SANCHEZ,ADAY	7306416	12/26/2003	EVAL	EVERY 4 MONT	

Medical Therapy Program Ticklers, Continued

OT RX (OTRX)	➡ Below is an illustration of the Occupational Therapy (OT) RX tickler. This tickler is utilized to track all cases that have indicated RX due date.
---------------------	--

Name	Description
<i>Required for OT RX Tickler</i>	
Select by:	Select one of the following: 1 REGIONAL OFFICE 2 COUNTY 0 LOCAL OFFICE
Select County/ Regional Office/ Local Office Name:	Type a “?” for a list, or type in 2-3 characters of your County/Regional Office/Local Office name.
Select Tickler List ID:	Type a “?” for a list of tickler Ids or select from table. MTU MTU Closure OTCL OT Classroom Program OTEV OT Evaluation OTHP OT Home Program OTM OT Monitor OTRX OT RX PTCL PT Classroom Program PTEV PT Evaluation PTHP PT Home Program PTM PT Monitor PTRX PT RX SCH Schedule Clinics <i>Note: All ticklers for CMS Net will display in list. The ticklers listed above pertain to MTU function.</i>

Continued on next page

Medical Therapy Program Ticklers, Continued

Select MTU Site:	Enter the name of the MTU Site.
Select THERAPIST:	Enter the name of the OT Therapist
From Date:	Required Format is 99/99/9999 or 99999999 Enter the starting date of the class program range.
To Date:	Required Format is 99/99/9999 or 99999999 Enter the ending date of the class program range.

OT RX DATES 01/31/1930-11/20/2006				
DATE OF REPORT: 12/26/2003				
THERAPIST: RUIZ,JANICE				
SITE: CARMACK MTU				
PATIENT NAME	CCS #	DOB	RX DUE DT	OT SERVICE
BLACKOWL,RICH	4132344	07/28/1984	06/18/2003	MONITOR
WHITE,SKYLER	2284113	06/01/1993	06/18/2003	ACTIVE
LITTLE,RIELY	9291683	10/30/1999	12/15/2003	ACTIVE

Medical Therapy Program Ticklers, Continued

PT RX (PTRX)	➡ Below is an illustration of the Physical Therapy (PT) RX tickler. This tickler is utilized to track all cases that have indicated RX due date.
---------------------	--

Name	Description
<i>Required for PT RX Tickler</i>	
Select by:	Select one of the following: 1 REGIONAL OFFICE 2 COUNTY 0 LOCAL OFFICE
Select County/ Regional Office/ Local Office Name:	Type a “?” for a list, or type in 2-3 characters of your County/Regional Office/Local Office name.
Select Tickler List ID:	Type a “?” for a list of tickler Ids or select from table. MTU MTU Closure OTCL OT Classroom Program OTEV OT Evaluation OTHP OT Home Program OTM OT Monitor OTRX OT RX PTCL PT Classroom Program PTEV PT Evaluation PTHP PT Home Program PTM PT Monitor PTRX PT RX ROI Release of Information SCH Schedule Clinics <i>Note: All ticklers for CMS Net will display in list. The ticklers listed above pertain to MTU function.</i>

Continued on next page

Medical Therapy Program Ticklers, Continued

Select MTU Site:	Enter the name of the MTU Site.
Select THERAPIST:	Enter the name of the OT Therapist
From Date:	Required Format is 99/99/9999 or 99999999 Enter the starting date of the class program range.
To Date:	Required Format is 99/99/9999 or 99999999 Enter the ending date of the class program range.

PT RX DATES 01/31/1930-11/20/2006				
DATE OF REPORT: 12/26/2003				
THERAPIST: RUIZ,JANICE				
SITE: CARMACK MTU				
PATIENT NAME	CCS #	DOB	RX DUE DT	PT SERVICE
BLACKOWL,RICH	4132344	07/28/1984	06/18/2003	MONITOR
WHITE,SKYLER	2284113	06/01/1993	06/18/2003	ACTIVE
LITTLE,RIELY	9291683	10/30/1999	12/15/2003	ACTIVE

Medical Therapy Program Ticklers, Continued

Release of Information (ROI)	➡ Below is an illustration of the Release of Information tickler. This tickler is utilized to track all cases that have indicated Release of Information.
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Name	Description
<i>Required for ROI Tickler</i>	
Select by:	Select one of the following: 1 REGIONAL OFFICE 2 COUNTY 0 LOCAL OFFICE
Select County/ Regional Office/ Local Office Name:	Type a “?” for a list, or type in 2-3 characters of your County/Regional Office/Local Office name.
Select Tickler List ID:	Type a “?” for a list of tickler Ids or select from table. MTU MTU Closure OTCL OT Classroom Program OTEV OT Evaluation OTHP OT Home Program OTM OT Monitor OTRX OT RX PTCL PT Classroom Program PTEV PT Evaluation PTHP PT Home Program PTM PT Monitor PTRX PT RX ROI Release of Information SCH Schedule Clinics <i>Note: All ticklers for CMS Net will display in list. The ticklers listed above pertain to MTU function.</i>

Continued on next page

Medical Therapy Program Ticklers, Continued

Select MTU Site:	Enter the name of the MTU Site.
From Date:	Required Format is 99/99/9999 or 99999999 Enter the starting date of the class program range.
To Date:	Required Format is 99/99/9999 or 99999999 Enter the ending date of the class program range.
Start with Name: FIRST//	Enter the last name of the patient. This option allows selection by alpha range.

RELEASE OF INFORMATION DATES 03/10/1994-11/27/2004 AT CARMACK MTU

12/26/2003@10:29AM PAGE 1

NAME	CCS #	DOB	ROI DT

LEE,CHUCK	3139769	12/10/1987	08/31/1994
WHITE,JOHN	2465689	05/14/1992	04/02/1999
JAMES,ALLEN	3292506	08/04/1998	02/25/2003
ORTIZ,ADRIAN	3294177	03/23/2000	03/12/2003

Continued on next page

Medical Therapy Program Ticklers, Continued

Schedule Clinics (SCH)	➡ Below is an illustration of the Schedule Clinic tickler. This tickler is utilized to track all scheduled clinic dates.
-------------------------------	--

Name	Description
<i>Required for Scheduled Clinic Tickler</i>	
Select by:	Select one of the following: 1 REGIONAL OFFICE 2 COUNTY 0 LOCAL OFFICE
Select County/ Regional Office/ Local Office Name:	Type a “?” for a list, or type in 2-3 characters of your County/Regional Office/Local Office name.
Select Tickler List ID:	Type a “?” for a list of tickler Ids or select from table. MTU MTU Closure OTCL OT Classroom Program OTEV OT Evaluation OTHP OT Home Program OTM OT Monitor OTRX OT RX PTCL PT Classroom Program PTEV PT Evaluation PTHP PT Home Program PTM PT Monitor PTRX PT RX ROI Release of Information SCH Schedule Clinics <i>Note: All ticklers for CMS Net will display in list. The ticklers listed above pertain to MTU function.</i>

Continued on next page

Medical Therapy Program Ticklers, Continued

Select MTU Site:	Enter the name of the MTU Site.
From Date:	Required Format is 99/99/9999 or 99999999 Enter the starting date of the class program range.
To Date:	Required Format is 99/99/9999 or 99999999 Enter the ending date of the class program range.
Start with Name: FIRST//	Select patient list by alpha range.

SCHEDULE CLINICS DATES 11/01/1997-03/04/2005

DATE OF REPORT: 12/26/2003

SITE: CARMACK MTU

CONFERENCE TYPE: ORTHOPEDIC

NAME	DOB	CCS#	LAST DT	DUE DATE
WILLIAMS,MARIE	01/07/1992	4513431	08/16/2003	01/09/20
RABBIT,PETER	02/14/1998	5299256	06/14/2003	06/23/20
JACKSON,JOSHUA	01/04/1999	6295943	06/23/2003	06/26/20
GONZALEZ,ESTE	01/11/2000	7297731	06/08/2003	07/08/20

Medical Therapy Program Reports

Overview

This section identifies the available reports in the CMS Net MTP module including report generation instructions. To view sample report layouts, refer to page of MTP the manual.

Steps to Access the Medical Therapy Program Report function

Step	Action
1	From the Primary Menu, select Medical Therapy Program. Press <Enter>. ✓ The Medical Therapy Program Menu displays.
2	From the Medical Therapy Program Menu, select Query MTU Reports. Press <Enter>. ✓The Select MTU REPORT prompt displays.

Continued on next page

Medical Therapy Program Reports, Continued

Select Report After pressing <Enter>, the Select MTU REPORT prompt displays.

Step	Action
1	Type in “?” for list of reports. Press <Enter>.

Select MTU REPORT: ?
 Choose from:
 AGES 16 AND OLDER DOB
 CLINIC ROSTER CR
 DISTRICT LIST DL
 DOB REPORT DOB
 FREQUENCY REPORT FR
 MASTER LIST ML
 MASTER STATUS REPORT MS
 MTU CASELOAD STATS MC
 MTU PENDING CASES NO PT/OT MP
 OTPT CASE LIST CL
 PATIENT ADDRESS LIST PA

Continued on next page

Medical Therapy Program Reports, Continued**Report
Selection
Criteria**

The following table identifies the report selection criteria for the Medical Therapy Program function.

- ➡ Press the <Enter> to move through the fields
- ➡ If you make a mistake, you can use the ^ to cancel.

Name	Description
<i>Required for All Reports</i>	
Select by:	Select one of the following: 1 REGIONAL OFFICE 2 COUNTY 0 LOCAL OFFICE
Select County/ Regional Office/ Local Office Name:	Type a “?” for a list, or type in 2-3 characters of your County/Regional Office/Local Office name.
Select MTU Site:	Type a “?” for a list of MTU, or type in 2-3 characters of the MTU name.

Continued on next page

Medical Therapy Program Reports, Continued

Ages 16 and Older (DOB)	➡ Below is an illustration of the Ages 16 and Older report. This report is utilized to find children ages 16 and older. It can also be used to find children less than 3 years of age for Early Start reasons. Or for any other age range.
--------------------------------	--

Name	Description
<i>Required for All DOB Report</i>	
From Date of Birth	Required Format is 99/99/9999 or 99999999 Enter the starting date of birth for your report selection
To Date of Birth	Required Format is 99/99/9999 or 99999999 Enter the ending date of birth for your report selection

ABC COUNTY MARICOPA MTU DOB 01/01/2000-05/10/2002 05/10/2002@1:35PM						PAGE 1
NAME	DOB	OT ST	FREQ	PT ST	FREQ	

PATIENT,TEST A 343.9:INFANTILE CEREBRAL PALSY	07/08/2001	EVALU		EVALU		
PATIENT,TEST B 343.9:INFANTILE CEREBRAL PALSY	01/01/2001	MONIT	QUARTERLY	MONIT	QUARTERLY	
PATIENT,TEST C 335.10:SPINAL MUSCULAR ATROPHY	06/20/2000	EVALU		EVALU		
PATIENT,TEST D	11/07/2000	ACTIV	2 x WEEK	ACTIV	2 x WEEK	
TOTAL PATIENTS: 4						

Continued on next page

Medical Therapy Program Reports, Continued**Clinic Roster
(CR)**

➡ Below is an illustration of the Clinic Roster report. This report provides a listing of the children scheduled for a Medical Therapy Conference and would be run after the time and reasons for visits have been finalized.

Name	Description
<i>Required for All CR reports</i>	
Conference Type	Select from table values: COMBINED EQUIPMENT CHECK HMO MILITARY NEUROLOGY ORTHOPEDIC OTHER PEDIATRIC PHYSIATRY SPECIAL UPPER EXTREMITY
Vendor	Select a Provider from the Vendor Table
Clinic Date	Format is 99/99/9999 or 99999999
Clinic Comments	Free Text comments

CONFERENCE LIST FOR 10/18/2001

- VENDOR NAME				
TIME	NAME	BD	DX	CCS#
REASON/OT/PT				
9:00AM	PATIENT, TEST A	5/3/01	343.9:INFANTILE CEREBRAL PALSY	1234567
BRACE CHECK				

Continued on next page

Medical Therapy Program Reports, Continued

District Listing (DL)

➡ Below is an illustration of the District Listing report. This report provides names and numbers of children for the various school districts (LEA) and is used to communicate and coordinate services with the districts.

District Listing Data Entry fields

Select District

Type in the Name of the school district or enter a “?” for a list.

DISTRICT LIST FOR CASES OPEN AT MTU			Printed: 05/10/2002
MTU: MARICPOA MTU			
FOR DISTRICT: MARICPOA UNIFIED			
PATIENT NAME	DOB	CONSENT	SPEC ED
SCHOOL: BANFIELD ELEMENTARY			
PATIENT,TEST A	06/20/2000		
PATIENT,TEST B	02/20/1991	NO	
PATIENT,TEST C	04/24/2000	YES	YES
PATIENT,TEST D	04/13/2001		

SUBCOUNT 4			

COUNT 4			

Continued on next page

Medical Therapy Program Reports, Continued**Frequency
Report (FR)**

- ➡ Below is an illustration of the Frequency report. This report lists the frequency of prescribed treatment for each child and how many hours of staff coverage are needed at the MTU to provide prescribed treatment.

FREQUENCY REPORT FOR CASES OPEN AT MTU
MTU: MARCICOPA MTU

Printed: 05/10/2002

PATIENT NAME	DOB	MEDICAL DIR	OT FREQ	PT FREQ
TEST, PATIENT A	07/16/1992	MTU CONFERENCE	SEMIANNUAL	
TEST, PATIENT B	01/01/2001	MTU CONFERENCE	QUARTERLY	QUARTERLY
TEST, PATIENT C	09/19/1991	MTU CONFERENCE	BIMONTHLY	BIMONTHLY
TEST, PATIENT D	10/03/1983	MTU CONFERENCE	ANNUAL	SEMIANNUAL
TEST, PATIENT E	03/11/1995	MTU CONFERENCE	BIMONTHLY	2 x WEEK

Continued on next page

Medical Therapy Program Reports, Continued**Master List
(ML)**

➡ Below is an illustration of the Master List report. This report gives list of all the open cases for the selected MTU.

MASTER LIST FOR: 05/10/2002
FOR SITE: MARICOPA MTU

PATIENT NAME	CCS#	PATIENT ST	PT STATUS	OT STATUS
TEST,PATIENT A	3092250	OUTPATIENT		THERAPIST,OT
*TEST,PATIENT B	3324107	OUTPATIENT	THERAPIST,PT	THERAPIST,OT
TEST,PATIENT C	3091359	OUTPATIENT	THERAPIST,PT	THERAPIST,OT
TEST,PATIENT D	3094316	INPATIENT	THERAPIST,PT	THERAPIST,OT
TEST,PATIENT E	2376288	OUTPATIENT		THERAPIST,OT

PT UNDUPLICATED TOTAL: 3

OT UNDUPLICATED TOTAL: 5

UNDUPLICATED TOTAL PATIENTS: 5

Continued on next page

Medical Therapy Program Reports, Continued**Master Status Report (MS)**

➡ Below is an illustration of the Master Status report. This report gives a report of all the caseload by MTU and status.

MASTER STATUS REPORT					PRINTED: 05/10/2002			
MTU		HOLD	EVAL	ACT	MON	NOT	IND	TOT
BOSWELL MTU		PT	1	1	9	15	1	27
		OT	1		5	13	3	22
UNDUPLICATED COUNT: 31	TOTAL	CONFERENCE: 28				CONFERENCE ONLY:		
TOTAL		PT	1	1	9	15	1	27
		OT	1		5	13	3	22
UNDUPLICATED COUNT: 31	TOTAL	CONFERENCE: 28				CONFERENCE ONLY:		

Continued on next page

Medical Therapy Program Reports, Continued**MTU Caseload
stats (MC)**

➡ Below is an illustration of the MTU Caseload stats report. This report provides a list of all caseload status and movement in the previous month.

Name	Description
<i>Required for All MC reports</i>	
Select Month/Year	Format is 99/9999 Select the Month/Year for the report

MTU MONTHLY CASELOAD REPORT		Printed: 05/10/2002
MARICPOA MTU		MONTH ENDING: 01/31/2002
I. NEW REFERRALS		
a. Charts Received This Month:	0	
b. Charts Opened This Month:	1	
c. Referrals Pending:	0	
II. ACTIVE CASELOAD		
a. Under Care Previous Month:	62	
b. New Referrals Opened:	1	
c. Referrals Pending:	4	
d. Cases Discharged This Month:	0	
e. Currently under Care:	63	
III. UNIT CASELOAD		
a. In Patient:	8	
b. Out Patient:	51	
c. Pending:	4	
Total Active Caseload:	63	
d. Conference Only:	2	
TOTAL CASELOAD:	65	

Continued on next page

Medical Therapy Program Reports, Continued

MTU Caseload Stats (continued)

IV. LOCATION OF			
Receiving Services at MTU		Vendored	Unassigned
OT	5	2	0
PT	14	4	0
BOTH	45	0	0
Changes this Month:			
Charts Opened			
9837102	TEST,PATIENT A		
Conference Only			
1234958	TEST,PATIENT B		

Continued on next page

Medical Therapy Program Reports, Continued**MTU Pending
Cases no
PT/OT(MP)**

➡ Below is an illustration of the MTU Pending Cases no PT/OT report.
This report is utilized to track children referred by not yet open for MTP services.

Name	Description
<i>Required for All MP reports</i>	
Report Therapy Type	Select one of the following: O OT P PT
Therapist	Enter the name of the therapist. Format is Lastname, First name.

PENDING WITHOUT PT/OT AT MARICPOA MTU		05/10/2002@2:04PM	PAGE 1
NAME	DOB	CASE NUMBER	PENDING DATE

-			
TEST,PATIENT A	10/22/1987	1234567	10/29/1990
TEST,PATIENT B	12/17/1993	9876543	08/27/2001
TEST,PATIENT C	06/18/1992	T999999	03/21/2002
TEST,PATIENT D	02/26/1988	5649876	09/20/1993

Continued on next page

Medical Therapy Program Reports, Continued**OTPT CASE LISTING (CL)**

- ➡ Below is an illustration of the OTPT Case Listing report. This report allows each therapist to track case assignment, prescriptions and evaluation due dates.

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OT CASE LIST
DATE OF REPORT: 05/10/2002
THERAPIST: THERAPIST,NAME
SITE: MARICPOA MTU

PATIENT NAME                CCS #    STATUS      FREQUENCY    RX DUE    REPT DUE
TEST,PATIENT A              1234567    MONITOR     QUARTERLY    01/30/2002
01/17/2002
TEST,PATIENT B              9876543    EVALUATION   ANNUAL
07/31/2002
TEST,PATIENT D              5698659    MONITOR     SEMIANNUAL   11/02/2001
12/06/2002
TEST,PATIENT E              3326596    MONITOR     EVERY 4 MO    12/12/2002
11/27/2002

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SUBCOUNT 4
-----
COUNT 4

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*Continued on next page***Medical Therapy Program Reports, Continued**

Patient Address List (PA) ➡ Below is an illustration of the Patient Address Listing report. This report identifies for a specific MTU where clients live

MTU CASE LOAD PRINTED: 05/10/2002
FOR SITE: MARICOPA MTU

NAME ADDRESS	DOB	PHONE	CITY,ST ZIP
TEST,PATIENT A 1234 HAPPY LANE	07/16/1992	999-999-9999	MARICOPA, CA 99999
TEST,PATIENT B 4321 LOS RIOS DRIVE	03/12/1991	999-999-9999	MARICOPA, CA 99999

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CMS Net User Guide and Reference
Medical Therapy Program Reports, Continued

NOTES

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